

APPLICATION FOR TRAIL WATCH VOLUNTEERS



DURHAM POLICE DEPARTMENT
EMPLOYEE SERVICES UNIT
505 WEST CHAPEL HILL STREET
DURHAM, NORTH CAROLINA 27701
PHONE: (919) 560-4402
FAX: (919) 560-4383



PLEASE PRINT OR TYPE

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Business) (Cell)

DATE OF BIRTH _____ DRIVER'S LICENSE # _____ STATE _____ CLASS _____

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

MILITARY SERVICE: Branch _____ Time Served _____ Date Discharged _____

EMAIL ADDRESS: _____

Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes _____ No _____

If yes, please list offenses: _____

ANY FALSE STATEMENT EITHER VERBAL OR WRITTEN MAY CAUSE YOUR NAME TO BE REMOVED FROM CONSIDERATION OR MAY BE CAUSE FOR IMMEDIATE DISMISSAL FROM THE PROGRAM.

TRAIL WATCH VOLUNTEER'S SIGNATURE: _____ DATE _____

Notice Under the Americans with Disabilities Act

A person with a disability may receive an auxiliary aid or service to effectively participate in city government activities by contacting the ADA Coordinator, voice 919-560-4197, fax 560-4196, TTY 919-560-1200, or ADA@durhamnc.gov, as soon as possible but no later than 48 hours before the event or deadline date.